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								Application of Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								09767604						
CLAIMS AS FILED - PART I								SMALL	.EN	1TITY		OTHER THAN		
(Column 1) (Column 2)							1	ГҮРЕ			OR	SMALL	ENTITY	
TOTAL CLAIMS			27				<u> </u>	RATE	E	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			72 minus 20=		. 2			X\$ 9=		18-00	OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 =		<u>'</u> 1			X40=		4.00	l I	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PI	ESÈNT				+135=			10.33	OR	+270=		
* If the difference in column 1 is less than zero,					r "0" in c	olumn 2	Į	TOTA		413.00		TOTAL		
CLAIMS AS AMENDED - PART II									-	112.00	1 ~.,	OTHER	THAN	
		(Column 1)	(Colur		mn 2)	(Column 3)		SMAI	LL I	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	*	Minus	**	<del></del>	=	1	X\$ 9	\ <u> </u>		OR	X\$18=		
MEN	Independent	*	Minus	***		=	]	X40=	=		OR	X80=		
$^{lack}$	FIRST PRESENTATION OF MULTIPLE DEF			PENDENT CLAIM			] [			<del>                                     </del>		, 070		
								+135			OR	+270= TOTAL	<u> </u>	
									TOTAL OR ADDIT. FEE					
_	(Column 1) (Column 2) (Column 3)						<u>ነ</u> -				•			
DMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=	╽╽	X\$ 9	)=		OR	X\$18=		
AMEN	Independent	*	Minus	***			┧╽	X40:	=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b> </b>	+135		<del>                                     </del>	1	+270=		
TOTAL											OR	TOTAL		
		)	ADDIT. F			OR	ADDIT. FEE							
		(Column 1)					•		·					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY ) FOR	PRESENT EXTRA	] [	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	] [	X\$ 9	·=		OR	X\$18=		
	Independent	*	Minus	***		<u> </u>	┧╏	X40=	_		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┧┟			<del> </del>	10"		<del>                                     </del>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+270=		
**	If the "Highest Nu	mber Previously P	aid For" IN THI	S SPACE	is less tha	an 20, enter "20		TO ADDIT. F	TAL FEE		OR	TOTAL ADDIT. FEE		
		mber Previously P								propriate bo	x in co	olumn 1.		